UCC FINANCING STATEMENT Case 4:20-cv-00959-BJ Document 14-7 Filed 10/12/20 Page 1 of 1 PageID 729 **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) CT Lien Solutions B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions FILING NUMBER: 16-0009854033 2727 Allen Parkway FILING DATE: 03/29/2016 01:20 PM Ste. 100 **DOCUMENT NUMBER: 663086760001 FILED: Texas Secretary of State** Houston, TX 77019 IMAGE GENERATED ELECTRONICALLY FOR XML FILING USA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Garrison Michael Austin 1c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 549 Interstate Highway 30 E **Sulphur Springs** TX 75482 USA 2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here 🗔 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME **Austin Financial Services** OR 2b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 549 Interstate Highway 30 E **Sulphur Springs** TX 75482 USA 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME **NEXTGEAR CAPITAL, INC.** 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS STATE POSTAL CODE COUNTRY CITY 1320 CITY CENTER DR., STE **CARMEL** IN 46032 USA 100 4. COLLATERAL: This financing statement covers the following collateral: All Debtors assets and properties wherever located, including without limitation all equipment of any kind or nature, all vehicles, vehicle parts and inventory now owned or hereafter acquired, without limitation, purchase money inventory, the purchase of which was financed or floorplanned by NextGear Capital, Inc. for Debtor of whatever kind or nature, and all returns, repossessions, exchanges, substitutions, attachments, additions, accessions, accessories, replacements, and proceeds thereof, all accounts, accounts receivable, chattel paper, and general intangibles now owned or hereafter acquired by Debtor together with the proceeds thereof; all of Debtors documents, books and records relating to the forgoing. 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box: 6b. Check <u>only</u> if applicable and check <u>only</u> one box. Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility ☐Agricultural Lien ☐ Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA: